

Introduced by Senator Liu

January 14, 2015

An act to amend Sections 124174, 124174.2, and 124174.6 of the Health and Safety Code, and to amend Section 1 of Chapter 381 of the Statutes of 2008, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 118, as introduced, Liu. School-Based Health and Education Partnership Program.

Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist health centers in schools and school districts. Existing law establishes a grant program within the Public School Health Center Support Program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers and the development of new school health centers. These provisions also provide funding for sustainability grants in amounts between \$25,000 and \$125,000.

This bill would rename the program the School-Based Health and Education Partnership Program. The bill would instead provide funding for the expansion and renovation of existing school health centers. The bill would change the amount of the sustainability grants that are available pursuant to the program to between \$50,000 and \$100,000, but would make those grants available on a one-time basis and would revise the purposes for which they may be used. The bill would also authorize population health grants in amounts between \$50,000 and \$125,000 for a funding period of up to 3 years, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 124174 of the Health and Safety Code is amended to read:

124174. The following definitions ~~shall~~ govern the construction of this article, unless the context requires otherwise:

(a) “Program” means ~~a Public School~~ *the School-Based Health Center Support and Education Partnership Program*.

(b) “School health center” means a center or program, located at or near a local educational agency, that provides age-appropriate health care services at the program site or through referrals. A school health center may conduct routine physical, mental health, and oral health assessments, and provide referrals for any services not offered onsite. A school health center may serve two or more nonadjacent schools or local educational agencies.

(c) For purposes of this section, “local educational agency” means a school, school district, charter school, or county office of education if the county office of education serves students in kindergarten, or any grades from 1 to 12, inclusive.

(d) “Department” means the State Department of Public Health.

SEC. 2. Section 124174.2 of the Health and Safety Code is amended to read:

124174.2. (a) The department, in cooperation with the State Department of Education, shall establish ~~a Public School~~ *the School-Based Health Center Support and Education Partnership Program*.

(b) The program, in collaboration with the State Department of Education, shall perform the following program functions:

(1) Provide technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, ~~the Healthy Families Program, Covered California, or any other applicable program.~~ *health insurance affordability program for children.*

(2) Serve as a liaison between organizations within the department, including, but not limited to, prevention services, primary care, and family health.

(3) Serve as a liaison between other state entities, as appropriate, including, but not limited to, the State Department of Health Care Services, the Department of Managed Health Care, *and* the Office

1 of Emergency Services, and the Managed Risk Medical Insurance
2 Board. Services.

3 (4) Provide technical assistance to facilitate and encourage the
4 establishment, retention, or expansion of, school health centers.
5 For purposes of this paragraph, technical assistance may include,
6 but is not limited to, identifying available public and private
7 sources of funding, which may include federal Medicaid funds,
8 funds from third-party reimbursements, and available federal or
9 foundation grant moneys.

10 (c) The department shall consult with interested parties and
11 appropriate stakeholders, including the California ~~School~~
12 ~~School-Based Health Centers Association Alliance~~ and
13 representatives of youth and parents, in carrying out its
14 responsibilities under this article.

15 SEC. 3. Section 124174.6 of the Health and Safety Code is
16 amended to read:

17 124174.6. The department shall establish a grant program
18 within the ~~Public School~~ *School-Based Health Center Support and*
19 *Education Partnership* Program to provide technical assistance,
20 and funding for the ~~expansion, renovation, expansion and~~
21 ~~retrofitting renovation~~ of existing school health centers, and the
22 development of new school health centers, in accordance with the
23 following procedures and requirements:

24 (a) A school health center receiving grant funds pursuant to this
25 section shall meet or have a plan to meet the following
26 requirements:

27 (1) Strive to provide a comprehensive set of services including
28 medical, oral health, mental health, *alcohol and substance abuse*,
29 health education, and related services in response to community
30 needs.

31 (2) Provide primary and other health care services, provided or
32 supervised by a licensed professional, which may include all of
33 the following:

34 (A) Physical examinations, immunizations, and other preventive
35 medical services.

36 (B) Diagnosis and treatment of minor injuries and acute medical
37 conditions.

38 (C) Management of chronic medical conditions.

39 (D) Basic laboratory tests.

40 (E) Referrals to and followup for specialty care.

1 (F) Reproductive health services.

2 (G) Nutrition services.

3 (H) Mental health services provided or supervised by an
4 appropriately licensed mental health professional may include:
5 assessments, crisis intervention, counseling, treatment, and referral
6 to a continuum of services including emergency psychiatric care,
7 *evidence-based mental health treatment services*, community
8 support programs, inpatient care, and outpatient programs. School
9 health centers providing mental health services as specified in this
10 section shall consult with the local county mental health department
11 for collaboration in planning and service delivery.

12 (I) Oral health services that may include preventive services,
13 basic restorative services, and referral to specialty services.

14 (3) *Strive to address the population health of the entire school*
15 *campus by focusing on prevention services, such as group and*
16 *classroom education, schoolwide prevention programs, and*
17 *community outreach strategies.*

18 (4) *Strive to provide integrated and individualized support for*
19 *students and families and to act as a partner with the student or*
20 *family to ensure that health, social, or behavioral challenges are*
21 *addressed.*

22 ~~(3)~~

23 (5) Work in partnership with the school nurse, if one is employed
24 by the ~~school or school district~~, *local educational agency*, to
25 provide individual and family health education; school or
26 districtwide health promotion; first aid and administration of
27 medications; facilitation of student enrollment in health insurance
28 programs; screening of students to identify the need for physical,
29 mental health, and oral health services; referral and linkage to
30 services not offered onsite; public health and disease surveillance;
31 and emergency response procedures. A school health center may
32 receive grant funding pursuant to this section if the ~~school or school~~
33 ~~district~~ *local educational agency* does not employ a school nurse.
34 However, it is not the intent of the Legislature that a school health
35 center serve as a substitute for a school nurse employed by a local
36 ~~school or school district~~. *educational agency.*

37 ~~(4)~~

38 (6) Have a written contract or memorandum of understanding
39 between the ~~school district~~ *local educational agency* and the health
40 care provider or any other community providers that ensures

1 coordination of services, ensures confidentiality and privacy of
2 health information consistent with applicable federal and state
3 laws, and integration of services into the school environment.

4 ~~(5)~~

5 (7) Serve all registered students in the school regardless of
6 ability to pay.

7 ~~(6)~~

8 (8) Be open during all normal school hours, or on a more limited
9 basis if resources are not available, or on a more expansive basis
10 if dictated by community needs and resources are available.

11 ~~(7)~~

12 (9) Establish protocols for referring students to outside services
13 when the school health center is closed.

14 ~~(8)~~

15 (10) Facilitate transportation between the school and the health
16 center if the health center is not located on ~~school or school district~~
17 *local educational agency* property.

18 (b) Planning grants shall be available in amounts between
19 twenty-five thousand dollars (\$25,000) and fifty thousand dollars
20 (\$50,000) for a 6- to 12-month period to be used for the costs
21 associated with assessing the need for a school health center in a
22 particular community or area, and developing the partnerships
23 necessary for the operation of a school health center in that
24 community or area. Applicants for planning grants shall be required
25 to have a letter of interest from a ~~school or district~~ *local educational*
26 *agency* if the applicant is not a ~~local education~~ *educational* agency.
27 Grantees provided funding pursuant to this subdivision shall be
28 required to do all of the following:

29 (1) Seek input from students, parents, school nurses, school
30 staff and administration, ~~local health providers, and~~ *providers and*,
31 if applicable, special population ~~groups;~~ *groups* on community
32 health needs, barriers to health ~~care~~ *care*, and the need for a school
33 health center.

34 (2) Collect data on the school and community to estimate the
35 percentage of students that lack health insurance and the percentage
36 that are eligible for Medi-Cal benefits, or other public programs
37 providing free or low-cost health services.

38 (3) Assess capacity and interest among health care providers in
39 the community to provide services in a school health center.

1 (4) Assess the need for specific cultural or linguistic services
2 or both.

3 (c) Facilities and startup grants shall be available in amounts
4 between twenty thousand dollars (\$20,000) and two hundred fifty
5 thousand dollars (\$250,000) per year for a three-year period for
6 the purpose of establishing a school health center, with the potential
7 addition of one hundred thousand dollars (\$100,000) in the first
8 year for facilities construction, purchase, or renovation. Grant
9 funds may be used to cover a portion or all of the costs associated
10 with designing, retrofitting, renovating, constructing, or buying a
11 facility, for medical equipment and supplies for a school health
12 center, or for personnel costs at a school health center. Preference
13 will be given to proposals that include a plan for cost sharing
14 among schools, health providers, and community organizations
15 for facilities construction and renovation costs. Applicants for
16 facilities and startup grants offered pursuant to this subdivision
17 shall be required to meet the following criteria:

18 (1) Have completed a community assessment determining the
19 need for a school health center.

20 (2) Have a contract or memorandum of understanding between
21 ~~the school district~~ *local educational agency* and the health care
22 provider, if other than ~~the district~~, *local educational agency*, and
23 any other provider agencies describing the relationship between
24 ~~the district~~ *local educational agency* and the school health center.

25 (3) Have a mechanism, described in writing, to coordinate
26 services to individual students among school and school health
27 center staff while maintaining confidentiality and privacy of health
28 information consistent with applicable state and federal laws.

29 (4) Have a written description of how the school health center
30 will participate in the following:

31 (A) School and districtwide health promotion, coordinated
32 school health, health education in the classroom or on campus,
33 program/activities that address nutrition, fitness, or other important
34 public health issues, or promotion of policies that create a healthy
35 school environment.

36 (B) Outreach and enrollment of students in health insurance
37 programs.

38 (C) Public health prevention, surveillance, and emergency
39 response for the school population.

1 (5) Have the ability to provide the linguistic or cultural services
2 needed by the community. If the school health center is not yet
3 able to provide these services due to resource limitations, the school
4 health center shall engage in an ongoing assessment of its capacity
5 to provide these services.

6 (6) Have a plan for maximizing available third-party
7 reimbursement revenue streams.

8 (d) Sustainability grants shall be available *on a one-time basis*
9 *in amounts between ~~twenty-five~~ fifty thousand dollars (~~\$25,000~~)*
10 *(~~\$50,000~~) and one hundred ~~twenty-five~~ thousand dollars (~~\$125,000~~)*
11 *per year (~~\$100,000~~) for a ~~three-year~~ period for the purpose of*
12 *~~operating a developing new and leveraging existing funding streams~~*
13 *to support a sustainable funding model for school health center,*
14 *or enhancing programming at a fully operational school health*
15 *center, including oral health or mental health services. centers.*
16 *Examples of existing funding streams include local educational*
17 *agency funds available under the local control funding formula,*
18 *the federal Patient Protection and Affordable Care Act (Public*
19 *Law 111-148), or the Mental Health Services Act. Applicants for*
20 *sustainability grants offered pursuant to this subdivision shall be*
21 *required to meet all of the criteria described in subdivision (c), in*
22 *addition to both of the following criteria:*

23 (1) The applicant shall be eligible to become or already be an
24 approved Medi-Cal provider.

25 (2) The applicant shall have *the* ability and procedures in place
26 for billing public insurance programs and managed care providers.

27 (3) The applicant shall seek reimbursement and have procedures
28 in place for billing public and private insurance that covers students
29 at the school health center.

30 (e) *Population health grants shall be available in amounts*
31 *between fifty thousand dollars (\$50,000) and one hundred*
32 *twenty-five thousand dollars (\$125,000) for a funding period of*
33 *up to three years to fund interventions to implement population*
34 *health outcomes and target specific health or education risk factors*
35 *including, but not limited to, obesity prevention programs, asthma*
36 *prevention programs, early intervention for mental health, and*
37 *alcohol and substance abuse prevention. Applicants for population*
38 *health grants offered pursuant to this subdivision shall be required*
39 *to meet all of the criteria described in subdivision (c).*

40 (e)

(f) The department shall award technical assistance grants through a competitive bidding process to qualified contractors to support grantees receiving grants under subdivisions (b), (c), (d), and ~~(d)~~. (e). A qualified contractor means a vendor with demonstrated capacity in all aspects of planning, facilities development, startup, and operation of a school health center.

~~(f)~~

(g) The department shall also develop a request for proposal (RFP) process for collecting information on applicants, and determining which proposals shall receive grant funding. The department shall give preference for grant funding to the following schools:

(1) Schools in areas designated as federally medically underserved areas or in areas with medically underserved populations.

(2) Schools with a high percentage of low-income and uninsured children and youth.

(3) Schools with large numbers of limited English proficient (LEP) students.

(4) Schools in areas with a shortage of health professionals.

(5) Low-performing schools with Academic Performance Index (API) rankings in the deciles of three and below of the state.

~~(g)~~

(h) Moneys shall be allocated to the department annually for evaluation to be conducted by an outside evaluator that is selected through a competitive bidding process. The evaluation shall document the number of grantees that establish and sustain school health ~~centers~~, *centers* and describe the challenges and lessons learned in creating successful school health centers. The evaluator shall use data collected pursuant to Section 124174.3, if it is available, and work in collaboration with the ~~Public School~~ *School-Based Health-Center-Support and Education Partnership* Program. The department shall post the evaluation on its Internet Web site.

~~(h)~~

(i) This section shall be implemented only to the extent that funds are appropriated to the department in the annual Budget Act or other statute for implementation of this article.

SEC. 4. Section 1 of Chapter 381 of the Statutes of 2008 is amended to read:

1 **SECTION**

2 *Section 1.* The Legislature finds and declares all of the
3 following:

4 (a) (1) School health centers provide quality, age and
5 developmentally appropriate primary health care and other support
6 services on or near a public school campus.

7 (2) School health centers are primarily located in areas where
8 children are underserved, lack health insurance, and face significant
9 barriers to care.

10 (3) School health centers provide an optimal setting to promote
11 healthy lifestyles such as good nutrition and fitness and provide
12 preventive health care services such as obesity prevention to
13 children and families.

14 (4) School health centers increase access to care, reduce health
15 disparities and provide potential savings through better preventive
16 care and reduced emergency department utilization, drug
17 utilization, and inpatient treatment services.

18 (5) Children do better in school if they are healthy and have
19 received all of their immunizations and preventive annual exams.

20 (6) *School health centers can be integral to providing the entire*
21 *school community with prevention and health integration services*
22 *by working collaboratively with school staff and administrators*
23 *to meet the spectrum of health and prevention needs in a school*
24 *community.*

25 ~~(6)~~

26 (7) School health centers have proven to be particularly
27 important to the Latino population, with recent estimates showing
28 that approximately 49 percent of youth served at high school health
29 centers and 66 percent of children served at elementary school
30 health centers, are Latino.

31 ~~(7)~~

32 (8) School health centers support educational achievement, help
33 increase attendance rates, and allow educational resources to be
34 more effectively targeted toward learning.

35 ~~(8)~~

36 (9) ~~The Governor has determined that there is a need to expand~~
37 ~~the number of sites of federal Patient Protection and Affordable~~
38 ~~Care Act (Public Law 111-148) contains provisions that recognize~~
39 ~~the importance of school health centers as discussed in his White~~
40 ~~Paper on School-Based Health Centers released in July 2006. in~~

1 *the delivery of quality, affordable health care and that would call*
2 *for their expansion. Under the health care reform, California is*
3 *developing new strategies to increase access to health care and*
4 *reduce health care costs through investing in prevention services.*
5 *School health centers are important sites through which to increase*
6 *child and adolescent access to health care services and early*
7 *identification of chronic diseases, such as asthma or obesity, and*
8 *high-risk behaviors, such as mental health disorders, substance*
9 *abuse, and teen pregnancy, that significantly impact health care*
10 *costs later in life.*

11 *(10) Additionally, through education finance reform, California*
12 *has increased accountability strategies for local educational*
13 *agencies that highlight the need for schools to address important*
14 *health-related indicators, such as chronic absenteeism.*

15 *(11) School-based health centers serve as an effective foundation*
16 *upon which schools and communities can build and implement a*
17 *community schools strategy providing a range of wrap-around*
18 *services to students and their families.*

19 (b) It is the intent of the Legislature to support existing school
20 health centers and expand the number of health centers in
21 ~~California~~, California and that funds should be placed within the
22 ~~Public School Health Center Support~~ *School-Based Health and*
23 *Education Partnership* Program, as defined under Article 10
24 (commencing with Section 124174) of Chapter 3 of Part 2 of
25 Division 106 of the Health and Safety Code.